

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
10	1						
11		1					
12							
13							
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50							
TOTAL IND.	7						
TOTAL DEP.	173						
TOTAL	182						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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30	1					
31	2					
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39	2					
40	2					
41	2					
42	2					
43	2					
44	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO	FILING DATE
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APPPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
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